

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9		2				
10		2				
11		2				
12		2				
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27		1				
28		1				
29		2				
30		1				
31		1				
32		1				
33		1				
34		1				
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41		1				
42		1				
43		1				
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49						
50						
TOTAL IND.	1					
TOTAL DEP.	59					
TOTAL CLAIMS	60					

	IND	DEP	IND	DEP	IND	DEP
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52						
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TOTAL DEP.						
TOTAL CLAIMS						